	MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET									SERIAL NO. 10 1600614				FILING DATE		
														-,		
$\neg \neg$	A3 FLED		AFTER 187 MATERIDACINT		AFTER THO AMENDMENT								f			
	seco.	DEP	9(0	DEP	BITD.	DEP			EMD	DEP	MP	DEP	BID	DEP		
•								51						<u> </u>		
2	1	1						52								
-3		4		4.				53			<u> </u>			├		
		1		-4, -			12;	54 55						 		
-5-		-		-			4	56				 		├──		
7	1	-'						57						 		
_		7					~	58	•							
9	-	1		1				59								
40-		10						60								
11		\Q.		3				61								
12	1		<u> </u>					62		 						
13							A	63						 		
14								64		ļ				├		
15								. 65 . 66								
16								67						 		
17								68	·							
19								69								
20								70								
21								Ħ								
22								72						ļ		
23								73				ļ		<u> </u>		
24								74						 -		
25								75 76						 		
26					·			· 78						 		
27 28								78						 		
29						-		79								
30								80								
31								81								
32						<u>. </u>	10 m	82						<u> </u>		
33							汉	. 83						 		
34							10 J	84								
35							, ,	85						 		
36								. 87				 	 	1		
37								88				 		\vdash		
38								89								
40								90								
41								91						 		
42								92						 		
43								93 .				 		 		
44		 						94		 	<u> </u>			-		
45		<u> </u>						95				 	 	 		
46		 						96 97		 				 		
47								97		 		 		 		
48		├		 		 		99	-	 		 				
49 50						-	ĺ	100								
	3		3	•								1				
OTAL DID.		<u> </u>	9.					TOTAL IND.				<u>-</u>	-	<u>.</u>		
	97		ı U		•			DEP.	_		_					